Observers: Wanderer,		Date: 1/21/08	Duration: 9:30 to							
Peter, Krasner, Ken; Roberts, Ray			10:15am							
Observation Categories	Observat	servation Questions:								
POS	In risky position relative to task? N/A Exposed to risks of temperature/electricity/gas/chemicals/radiation? N0 Protection OK? Yes									
ERG	Risks from: posture, repetitive motion, load, vibration, temperature, lighting, noise, work flow? No									
PPE	Correct PPE? Yes, Eye Protection All parts of the body properly protected? Yes In safe condition? Yes									
T&E	In tool, equipment or facility right for the job? Yes Used correctly? Yes In safe condition? Yes									
PRO	Is there a standard procedure? N/A Is procedure adequate? N/A Up to date? N/A Understood? N/A									
ORD	Is workplace orderly? Yes Adequate Space? Yes Is there a place for all materials and equipment? Yes All in its place? Yes									
ASF	No unsafe acts or conditions identified. N/A									
Work Area or Location	Number of Contacts	of Description		Observation Category	Follow-up Action	PERSON Responsible	By Date			
Room 015	One	No unsafe ac		Drilling of Metal	N/A	N/A				

Observers: Wanderer, Peter, Krasner, Ken; Roberts, Ray		Date: 1/21/08	Duration: 9:30 to 10: 15am								
Observation Categories	Observat	Observation Questions:									
POS	In risky position relative to task? N/A Exposed to risks of temperature/electricity/gas/chemicals/radiation? N0 Protection OK?										
ERG	Risks from: posture, repetitive motion, load, vibration, temperature, lighting, noise, work flow? No										
PPE	Correct PPE? N/A All parts of the body properly protected? Yes In safe condition? Yes, (Danger signs are up, caution signs are up)										
T&E	In tool, equipment or facility right for the job? Yes Used correctly? Yes In safe condition? Yes										
PRO	Is there a standard procedure? N/A Is procedure adequate? N/A Up to date? N/A Understood? N/A										
ORD	Is workplace orderly? Yes Adequate Space? Yes Is there a place for all materials and equipment? Yes All in its place? Yes										
ASF	No unsafe acts or conditions identified. N/A										
Work Area or Location	Number of Contacts	Description of		Observation Category	Follow-up Action	PERSON Responsible	By Date				
Annex	One	No unsafe ac		Running test on Magnet	N/A	N/A	N/A				